PTO/SR/22 (12-04)

PET	ITION FOR EXTENSION OF TIME UNDER 33	Docket Number (Optional)			
FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)			PP000338.0105 (2300-0338.02)		
Application Number: 10/611,398			Filed: June 30, 2003		
For IMMUNOGENIC DETOXIFIED MUTANTS OF CHOLERA TOXIN					
Art Unit: 1645			Examiner: J. Grase	Examiner: J. Graser	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.					
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):					
		<u>Fee</u>	Small Entity Fee	<u> </u>	
	One month (37 CFR 1.17(a)(1))	\$130	\$65	\$	
	Two months (37 CFR 1.17(a)(2))	\$490	\$245	\$	
Í	Three months (37 CFR 1.17(a)(3))	\$1110	\$555	\$ <u>1110.00</u>	
I	Four months (37 CFR 1.17(a)(4))	\$1730	\$865	\$	
	Five months (37 CFR 1.17(a)(5))	\$2350	\$1175	\$	
Applicant claims small entity status. See 37 CFR 1.27.					
	A check including the amount of the fee is enclosed.				
$\boxtimes$	Payment by credit card.				
	The Director has already been authorized to charge fees in this application to a Deposit Account.				
<u></u>	Deposit Account Number 18-1648				
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
l am the applicant/inventor.					
assignee of record of the entire interest. See 37 CFR 3.71.					
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).					
attorney or agent of record. Registration Number <u>41,411</u>					
attorney or agent under 37 CFR 1.34.  Registration number if acting under 37 CFR 1.34					
	Of touch	•	May	on onna	
-	Signature	May 20, 2009  Date			
	Dahna S. Pasternak		(650) 493-3400		
	Typed or printed name		Telephone Number		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.					
Total of forms are submitted.					